

Interim Committee on Children, Families, Health and Welfare
March 13, 2014

Report from the Ad Hoc Committee on Prescription Drug Abuse
Montana Medical Association

Chairman Wanzenried and all Committee members:

The Montana Medical Association has been very active in addressing the issue of Prescription Drug Abuse since our last meeting in January.

We have created an ad hoc committee to study how we can help turn around this growing crisis. Our committee has three subcommittees. One deals with legal and legislative issues, which I chair. A second will identify “best practices” in regard to the prescribing of controlled substances, and the treatment of acute and chronic pain. This subcommittee will produce a “white paper” on the subject very soon, and a short time later will present a “tool kit” for providers to employ, as they look to improve their practice. The third subcommittee will be helping to gather data, starting with baseline data, so we can track our progress in this battle, and know what is working, and what is not working.

The MMA assembles twice a year in Helena for business and education. Our mid-year meeting was held only last weekend, and was entirely devoted to the subject of Prescription Drug Abuse.

From all this activity, I am able to share with you what your state Medical Association now believes about this issue, and what action we recommend that you consider.

TREATMENT: ACCESS AND AVAILABILITY

The MMA believes that this crisis is at heart a public health issue. We emphasize here the word “health”. The roots of the problem stem from our citizens experiencing acute and chronic pain, and from the powerful and addictive nature of the opioid drugs used to treat pain. We must recognize that more often than not addiction and chronic pain occur together with other mental health problems, especially PTSD.

The MMA believes that the options for treatment of these health issues are woefully inadequate. First, we simply do not have enough capacity to deal with the magnitude of this huge problem. Second, all too often our existing treatment programs focus on only one aspect of the whole patient: addiction, or pain, or mental health. We believe that to make headway in dealing with this crisis we must have more and better options to get people on the road to healing. We must support the development of programs that address the whole person, and treat pain, addiction, and mental health issues together. We understand that this requires money and people. We know that both of these are challenging to find....but not impossible.

We urge the Committee to take a serious look at finding the ways and means to provide the resources we need to treat these illnesses.

THE PRESCRIPTION DRUG REGISTRY

The Montana Prescription Drug Registry (MPDR) passed the Legislature the session before last on the third try. The Registry is funded by a fee paid by prescribers, dispensers and distributors. This fee is slated to 'sunset' next year, unless renewed by the Legislature. The 'sunset' provision in the law was actually inserted because of negotiation with the MMA to require that we review the funding mechanism now.

The MMA strongly supports the MPDR, as do virtually all the interested parties. These Registries have been adopted throughout the nation, and are considered one of the "best practices" in combating prescription drug abuse. Our Registry suffers from technical glitches which have yet to be solved, and we have identified many improvements which have yet to be implemented. This remains a huge frustration for virtually all users, and is a significant impediment to more universal utilization of the Registry.

The MMA believes that the current funding mechanism is inherently flawed. We rely on a fee collected from the health care providers that are trying to battle the epidemic, supplemented by grants which, by definition, are not guaranteed. Lack of adequate funding is a major part of the unacceptable delay in implementing the necessary improvements. Utilization of a vendor with no experience in making the upgrades is another important aspect.

The Montana Medical Association believes that a critical tool needed to combat a public health problem should be funded from the public's domain. We urge the Interim Committee to investigate alternative stable funding sources for the Registry. We further urge the Committee to probe more deeply into the root causes of the failure to implement even one single improvement in the MPDR in its nearly two years of existence. The MMA has begun to ask these hard questions, and we believe that with the support and collaboration of this Committee we may be more effective in reaching solutions.

THE REPORTING OF CRIMINAL ACTIVITY BY PROVIDERS

The Montana Medical Association believes in the sanctity of the doctor-patient relationship. We believe in the inherent confidentiality of private information shared between individuals and their health care provider. We acknowledge that Montana has a strong tradition of protecting the rights of privacy for its citizens.

Yet some of our citizens are coming to us as patients and fraudulently trying to manipulate us to prescribe controlled substances. The forces of addiction are so powerful, the suffering from pain is so strong, and the profit from sale of these drugs is so great that laws are regularly broken to obtain these substances. If we fail to stop this, people will continue to die, as they are now every single day.

As a society we have agreed that under certain special circumstances a health care provider may be allowed, or even required, to report to law enforcement information that is normally

confidential. The abuse of a child is one good example that virtually everyone accepts. The MMA notes that far more people of all ages fall victim to the inappropriate use of controlled substances than are victims of child abuse.

The Medical Association has actively researched the applicable federal and state laws on the privacy of health care information in the context of possible criminal activity. We have had extensive discussions with key stakeholders throughout the state. We conclude that there is enough room for reasonable difference of opinion regarding interpretation of these laws that physicians will avoid the risk of lawsuit by revealing any information to law enforcement authorities.

The MMA believes that health care providers should be given clear legislative support permitting the good-faith reporting of suspected criminal activity in relation to controlled substances. We do not believe that reporting should be mandatory at this time. We invite the Interim Committee to engage in dialogue on this question. If you conclude that it is indeed in the public's interest for health care providers to be permitted to disclose certain privileged information in certain defined circumstances, then the MMA hopes we can work together to craft the appropriate bill to make the laws more clear.

EDUCATION FOR THE PUBLIC AND HEALTH CARE PROVIDERS

The Montana Medical Association believes that substantially more resources must be devoted to the education of our citizens in general, and also our health care providers. Our ad hoc committee on Prescription Drug Abuse is committed to the publication of our White Paper, and the roll-out of our Tool Kit for health care professionals in the very near future. We see ourselves as the natural leader for professional education on this vital topic. The MMA believes that utilization of these sources of information should be encouraged through thoughtful and focused incentives. We do not believe that mandating certain behaviors, or certain educational materials, is necessary or appropriate at this time.

We stand ready to take a lead role in a public education campaign on the issues of prescription drug abuse, addiction, and the treatment of chronic pain. We call upon the Interim Committee to search for adequate resources to support this effort. Once established, the MMA will be active partners in this project.

KEY POINTS

- Prescription Drug Abuse is a serious, growing threat to public health.
- An immediate, strong response is necessary to turn this around.
- An effective response will require considerable public resources.
- We need more options for treatment of addiction and chronic pain, along with any co-occurring mental health issues.
- We need a more effective Prescription Drug Registry with adequate stable funding.
- We need the laws on reporting of criminal activity in this context to be clarified.
- We need Montana's leaders to commit to aggressive public education.